



Managing Funeral Directors
Joseph W. Casper
David A. Casper
Kenneth J. Casper

187 Dorchester Street • Boston, MA 02127-2846

Phone: 617-269-1930 • Toll Free: 800-314-1890 • Fax: 617-337-3232 • Email: info@CasperFuneralServices.com
www.CasperFuneralServices.com

AUTHORIZATION FOR RELEASE FORM

DATE: 5/30/19

TO: MEDICAL Examiner

I, Michelle Geigel, hereby designate CASPER FUNERAL SERVICES to take
(Name of Next of Kin or Authorized Agent)

charge of funeral arrangements for my Father, Cristhian Geigel
(Relationship) (Decedent's Name)

36 Bishop Joe L. Smith Way Dorchester, MA 02121
(Decedent's Address)

I authorize the release and removal of the remains to CASPER FUNERAL SERVICES, I represent

*That I am the next of kin, or am acting as an authorized agent for the next of kin. I acknowledge I'll take full legal authority and power to execute this authorization form and to arrange final disposition. I also confirm to no objections for my actions or decisions, all decisions made by me are final, legal and binding.

- I acknowledge that any possessions and/ or valuables that are with the Decedent at the time of removal/transfer will be kept with the decedent unless specifically requested by the Next of Kin or their authorized agent to remove these items prior to final disposition.
- I acknowledge that I will be charged a custodial care of remains fee \$250.00/ per day after holding deceased more than 72 hours, if final disposition arrangements haven't been finalized as states on our General Price List.

p. Michelle Geigel
(Signature of Next of Kin or Authorized Agent)

36 Bishop Joe L. Smith Way Dorchester, MA 02121
(Address of Next of Kin or Authorized Agent)

Phone # [REDACTED]



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Date: May 30, 2019

To: Office of the Chief Medical Examiner

AUTHORIZATION OF RELEASE

FOR: CHRISTIAN GEIGEL
(Name of Decedent)

I, Jannette Gonzalez, legal guardian and Mother of
(Name of Guardian of Minor Surviving Child) (Guardian's Relationship to Minor Surviving Child)

Christian Geigel, 16, daughter/son and next-of-
(Name of Minor Surviving Child) (Age of Minor Surviving Children)

kin of Ernstilian Geigel, do hereby on behalf of his/her daughter/son
(Name of Decedent)

cristhian Geigel (Name of Minor Surviving Child) authorize The Medical Examiner of Massachusetts to

release **christian Geigel** to the Casper Funeral Home, 187 Dorchester Street, South
(Name of Decedent)

Boston, Massachusetts.

Sincerely,

Jesselle C. G.

36 Bishop Joe Smith Way

Witness

Date Signed